## TOWN OF LA POINTE LAND USE PERMIT AGENT AUTHORIZATION FORM

LA POINTE ZONING ADMINISTRATION

PO BOX 270

LA POINTE, WISCONSIN 54850

7 1 5 . 7 4 7 . 6 9 1 3 F A X : 7 1 5 . 7 4 7 . 6 6 5 4

## **PROPERTY OWNER(S) INFORMATION:**

Owner(s)	(all property owners required)		
Street Address			
City, State, Zip _			
Telephone:			
Email Address (o	ptional):		
Subject: <u>LETTER OF AU</u>	<u>THORIZATION</u>		
La Pointe Zoning Adminis	tration:		
As owner(s) of parcel # 01	4	located at fire #	
I/we Authorize			to act as
Agent for permits for proje	ect		
Sincerely,			
Owner Signature		// Date	
Owner Signature		//	
Owner Signature		Date	

Original signature of ALL property owners is required